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ABSTRACT

This is the second of five student packets forming part of a position simulation developed for use in an office applications laboratory at the postsecondary level. The purpose of the simulation is to give the student an opportunity to become familiar with the tasks and duties performed by a clerk-typist working for an independent insurance agency. The packet, which contains approximately 10 hours of work, consists of 15 numbered jobs and supplies (including necessary letterhead or special forms). A guide sheet provides instructions for each numbered job. Jobs include typing a mailing label, typing accident reports from handwritten copy, typing a letter, addressing an envelope, typing and duplicating a form letter, typing a yearly rate chart, typing a purchase order for supplies, typing rough draft of letter, typing form letters, typing envelpes, typing letters and a memorandum from handwritten copy, duplicating a form letter by stencil method, typing an insurance analysis, alphabetizing and typing a table, and typing a premium rate chart. (YLB)

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GA K313309

OFFICE OCCUPATIONS

ED249399

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Student Packet II

U.S. DEPARTMENT OF EDUCATION
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Division of Program Development
Office of Vocational Education
Georgia Department of Education
Atlanta, Georgia 30334
Charles McDaniel, State Superintendent of Schools
1982

UPD 7729/7-82

SIMMONS INSURANCE AGENCY

A Clerk-Typist Position Simulation

Developed by

Columbus Area Vocational-Technical School
Columbus, Georgia

Revised by

Georgia State University
Atlanta, Georgia

Project Supported by

Office of Vocational Education
Division of Program Development
Georgia Department of Education
Atlanta, Georgia 30334

Dr. Charles McDaniel, State Superintendent of Schools

1982

FOREWORD

This clerk-typist position simulation has been developed for use in an office applications laboratory at the postsecondary level. Its purpose is to give the student an opportunity to become familiar with the tasks and duties that may be performed by a clerk-typist.

Appreciation is expressed to Mr. K. Gerald Allen, Project Coordinator, and to the business education instructors at Columbus Area Vocational-Technical School for the development of these materials.

Appreciation is also expressed to the many business education instructors throughout the state who field tested, evaluated, and provided invaluable feedback on these materials as a part of this revision effort.

Sincere appreciation goes to Dr. John H. Lloyd, Director, Program Development Division, for his continued support, encouragement, and leadership in this revision effort.

Dr. Harmon Fowler
Project Director
Office Simulation Project

Mrs. Doris Rash-Wooten
Assistant Project Director
Office Simulation Project

STUDENT GUIDE SHEET

This packet contains approximately ten (10) hours of work. Included in the packet are the numbered jobs and supplies. Where letterhead or special forms are necessary, they have been provided. No index cards or labels have been furnished. You may use paper cut to size or furnish 3 x 5 index cards. A form for labels is provided or real labels may be used.

The instructions for each numbered job are shown on this sheet. Examine each job to see if it is rush or routine. Be sure to do the rush jobs first. Check to see that you have all necessary materials. Use current dates where necessary.

Instructions

1. Martha Kelly has a set of insurance books to mail for Mr. Simmons. Call the post office to find out the cost of mailing a four-pound box of books to Akron, Ohio. Type a mailing label for the package.

2. Type accident reports from handwritten copy. These reports are to be prepared for the signature of persons involved. Type one carbon copy.

3. Mr. Thomas has requested termination of his life insurance policy. Type the attached letter from Mr. Simmons in reply to his request.

4. Sales letters are sent to prospective clients concerning our Mortgage Insurance Plan. Please duplicate the form letter and mail to each of the clients indicated.

5. Mr. Simmons would like to present a rate chart to the Thomas family for their consideration. Please prepare a copy of the attached chart.

6. Martha Kelly has indicated that the office supplies are getting low. Please type a purchase order for supplies listed. You will need to refer to a catalog from the local office equipment and supply dealer for the current prices--RUSH!

7. Mr. Simmons has requested that a letter be sent to Mr. John F. Daye regarding the personal Articles Floater on the property insurance Policy No. 632-17-4580. Type the letter from the rough draft. Proofread and correct the letter. Use the Simmons Insurance Agency letterhead, current date, an attractive letter style, subject line, and typist reference initials.

8. We have received the four enclosed Change of Address notices. Type the correct form letter to these customers. Address an envelope and get this in the mail today. (The name of the bank is the National Bank & Trust Company of Columbus, Georgia.)

9. Mr. Simmons has requested that a letter be sent to Mr. R. F. McDermott regarding his automobile insurance. Type the letter from the rough draft that he has provided. Proofread and correct the letter. Use the Simmons Insurance Agency letterhead, current date, an attractive letter style, subject line, and typist reference initials.

10. Mr. Fred Simmons has three letters for you to type and Mr. Edgar Simmons has a memorandum. Use the Simmons Insurance Agency letterhead, current date, an attractive letter style, and typist reference initials. The closing lines of the letters should be as follows: Sincerely, (4 spaces) Fred Simmons, Agent. The memorandum should be typed on company letterhead using acceptable memorandum form. Make an original and one carbon copy of each of the letters and the memorandum and type the necessary envelopes.

11. The International Insurance Company has provided the Simmons Insurance Company with sample sales letters to mail to prospective clients. Type the letter on a memory typewriter or stencil and send to the attached list of names. Be sure to use the letterhead that has been provided by International.

12. Type the attached on a stencil. We will run it on plain paper. Type our name and address in attractive form at the top. Perhaps spread centering would look good. Leave room for the address, date, etc., to be filled in when we need to send this letter. Run 25 copies now and save the stencil for future use. If commercial folders for saving stencils are not available, use several thicknesses of newspaper to blot excess ink. Store stencil flat in clean newspaper.

13. Mr. Simmons is to speak with Mr. Smith about his present insurance coverage on his son and what we propose for him for comparable premium payment. Please type a copy of the attached insurance analysis--present and proposed, for Mr. Simmons to take with him when he speaks to Mr. Smith on Friday evening.

14. Mr. Simmons would like an alphabetical list of all new clients for the current month. Alphabetize and type one original and one carbon copy of the attached list. Type 3 x 5 index cards for the tickler file. File cards chronologically by expiration date.

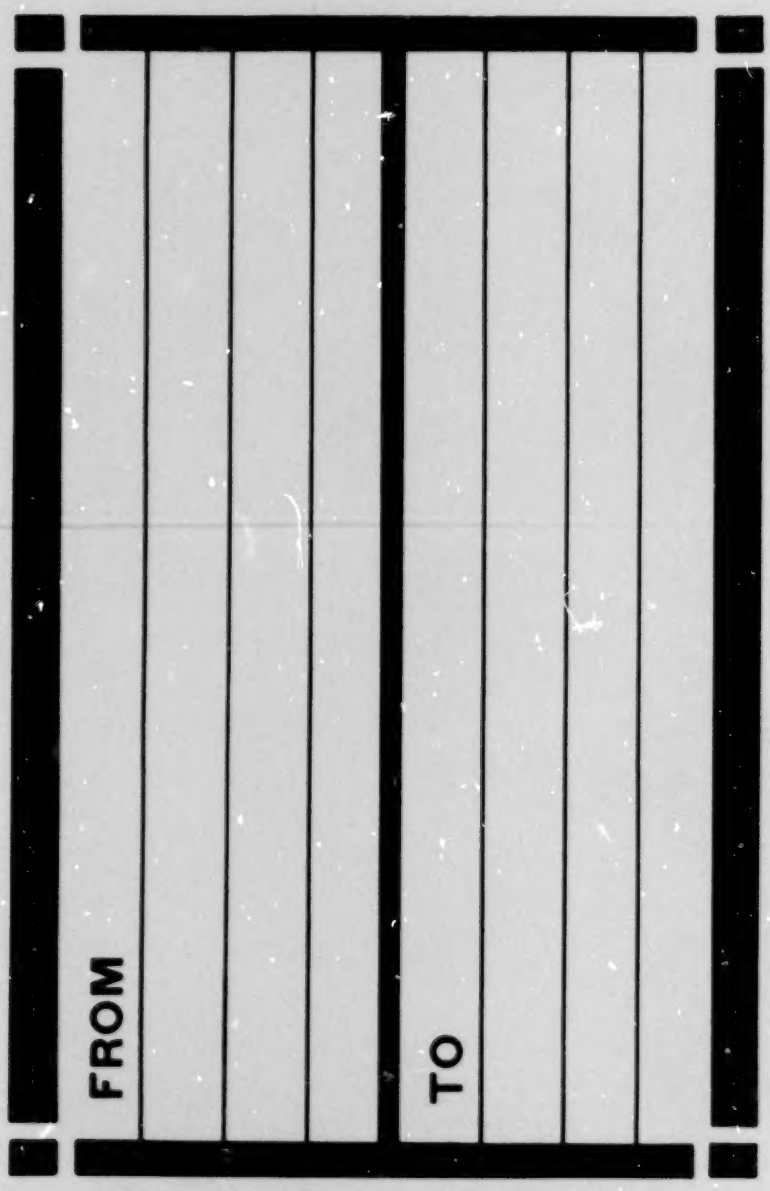
15. Mr. Simmons needs one original copy of the attached rate chart. Please prepare a copy and leave it on his desk by 2:00 this afternoon--RUSH!

Please call the Post Office and find out how much postage I need to put on this 4# package of books being mailed to Akron, Ohio. Please type a label also. Indicate the cost of postage by typing the amount in parenthesis in the upper right-hand corner of the label.

The address is:

The Consumer Group
148 Main Street
Akron, Ohio
(Look up ZIP)

M. Kelly


FROM
TO

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No.

Date of Accident (25th day of last month) Time 2:20 A.M. (P.M.) Dark ___ Light ✓

Place of Accident Corner of Moon Rd. & Warm Springs Columbus, GA
Street City State

YOUR CAR Year 68 Make Firebird Body Style 2-door Lic. No. GET-321

Owned By Roger Williams Address 5346 Moon Rd. Colo. GA
Street City State

Driven By Lisa Williams Address Same
Street City State

Driver's Age 28 Was Driver on Any Mission for Owner of Car? Yes ___ No ✓ If Yes, Explain ___

Kind of Insurance Carried-Liab. ___ Med. Pay ___ Comp. ✓ Coll. Amount of Deductible 0

Policy No. 061-338 Name of Insurance Co. Simmons Ins. Agency Name of Agent Edgar Simmons

Has Accident Been Reported to Your Company ✓ Yes ___ No Where May Car Be Seen? Home

Has Any Part of Your Damage Been Paid By Your Company ✓ Yes ___ No Amount $300.00

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses			Ages
Amber Williams	5346 Moon Rd	Columbus GA		9 mos.
	Street	City	State	
	Street	City	State	
	Street	City	State	

OTHER CAR Make Mercedes Body Style 4-door Lic. No. LLC-993

Owned By Mrs. James R. Good Address 6721 Moon Rd, Colo. GA
Street City State

Driven By Same Address ___
Street City State

THE ACCIDENT Were Police There? ✓Yes __No From What Station? Downtown

Officer's Badge No. _____ (Name, If Known) Schofield

Names and Addresses of All Other Witnesses:

Names	Addresses
Martha James	923 49th Avenue City
Kelly Rider	1157 10th Street, Albany, GA

Was Anyone Injured in Your Car? ✓Yes __No If So, Who? self

Was Anyone Injured in Other Car? __Yes ✓No If So, Who? _____

Describe Injuries stiff neck - cut on forehead

Name of Attending Dr Blake Address Doctor's Bldg.

Street Name & Direction You Were Traveling Moon Rd. turning West Speed 5 mph

Street Name & Direction Other Car Traveling Warm Springs Rd-NE Speed 25 mph

What Traffic Control Was There? None

What Were Weather Conditions? Fair Condition of Pavement dry

What Attracted Your Attention to Other Car? looking in that direction

How Far from Intersection Were You? just pulling out Other Car? _____

Was Speed of Your Car Reduced? ✓ Increased? ___ Other Car Reduced? _____
Increased? ___

Did You See Other Car Prior to Impact? ✓Yes __No Did You Sound Horn? __Yes ✓No
Did Other Car? __Yes ✓No

What Signal Did You Give? Right Turn signal Other Car? None

Any Skid Marks Made by Your Car? __Yes ✓No Length ___ Other Car? __Yes ✓No
Length _____

What Part of Your Car Was Damaged? left front end

Estimated Cost of Repairs $ 300.00 Who Made the Estimate? Bill Heard

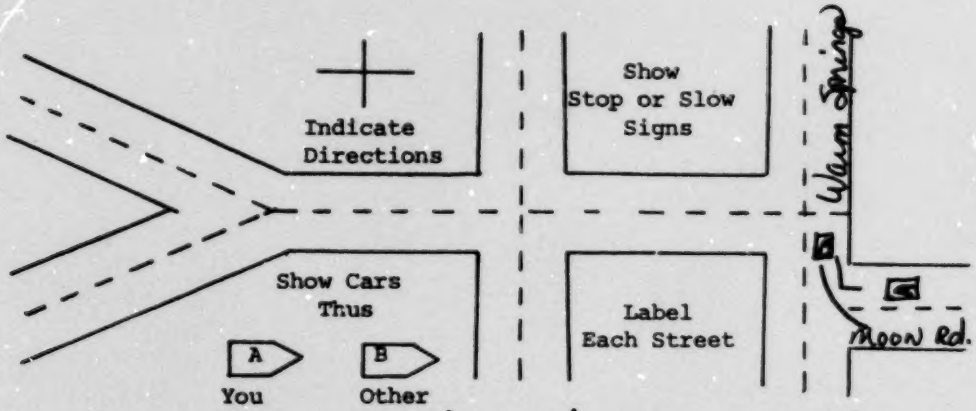
Have Repairs Been Made? ✓Yes __No What Part of Other Car Damaged? left front end

Were All Your Lights On? __Yes ✓No Other Car? __Yes ✓No Was Place of Accident Well Lighted? ✓Yes __No

What Statements Were Made by You or Other Party about Accident After It Occurred? It was the other person's fault.

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened (A) I was turning on to Warm Springs Rd. from Moon Rd. The Mercedes was going to turn left, but didn't have her signal on. (B) She turned too soon and hit me.

Are You Making Claim for Damages on Account of the Accident? ✓ Yes __ No

If Yes, Against Whom? _____ In What Amount? $300.00

I Hereby Declare That The Facts Stated In This Report Are True.

Signed Mrs. Lisa Williams Date Oct. 3 19--

Address 5346 Moon Rd. Columbus GA
Street City State

Residence Telephone 563-4085 Business Telephone 322-2522

Occupation Desk Clerk

Witness' Signature _____

Address _____

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No.

Date of Accident (12th day of last month) Time 6:02 (A.M.) P.M. Dark ✓ Light __

Place of Accident 13th Street 4th Ave. Columbus GA
Street City State

YOUR CAR Year 76 Make Vega Body Style 2 door Lic. No. GA. TRC-001

Owned By Henry Able Address 1220 Wheeling Way Cols, GA
Street City State

Driven By Henry Able Address — Same —
Street City State

Driver's Age 32 Was Driver on Any Mission for Owner of Car? Yes ✓ No __ If Yes, Explain Going to work

Kind of Insurance Carried-Liab. ✓ Med. Pay __ Comp. __ Coll. Amount of Deductible $50.00

Policy No. 21063-A2 Name of Insurance Co. Jimmons Ins. Agency Name of Agent Fred Simmons

Has Accident Been Reported to Your Company ✓ Yes __ No Where May Car Be Seen? Bill Heard

Has Any Part of Your Damage Been Paid By Your Company __ Yes ✓ No Amount __

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses			Ages
	Street	City	State	
	Street	City	State	
	Street	City	State	

OTHER CAR Make Corvette '78 Body Style Sports 2-door Lic. No. GA. WICKED

Owned By Joseph + Bradley Address 810 Broadway Cols., GA
Street City State

Driven By Same Address _____
Street City State

THE ACCIDENT Were Police There? ✓ Yes __ No From What Station? downtown

Officer's Badge No. 019-A (Name, If Known) Garret

Names and Addresses of All Other Witnesses:

Names	Addresses
Marion Reed	2905 Cusseta Rd., Columbus, GA

Was Anyone Injured in Your Car? __ Yes ✓ No If So, Who? _____

Was Anyone Injured in Other Car? __ Yes ✓ No If So, Who? _____

Describe Injuries N/A

Name of Attending Dr N/A Address _____

Street Name & Direction You Were Traveling 13th St., traveling East Speed 0 -

Street Name & Direction Other Car Traveling Same Speed 0 -

What Traffic Control Was There? Red light

What Were Weather Conditions? Fair Condition of Pavement Dry

What Attracted Your Attention to Other Car? N/A

How Far from Intersection Were You? At traffic Crossing Other Car? Behind me

Was Speed of Your Car Reduced? ✓ Increased? ___ Other Car Reduced? ✓ Increased? ___

Did You See Other Car Prior to Impact? ✓ Yes __ No Did You Sound Horn? __ Yes ✓ No Did Other Car? __ Yes ✓ No

What Signal Did You Give? _____ Other Car? _____

Any Skid Marks Made by Your Car? __ Yes ✓ No Length ___ Other Car? __ Yes ✓ No Length ___

What Part of Your Car Was Damaged? rear end

Estimated Cost of Repairs $ 200.00 Who Made the Estimate? Bill Heard

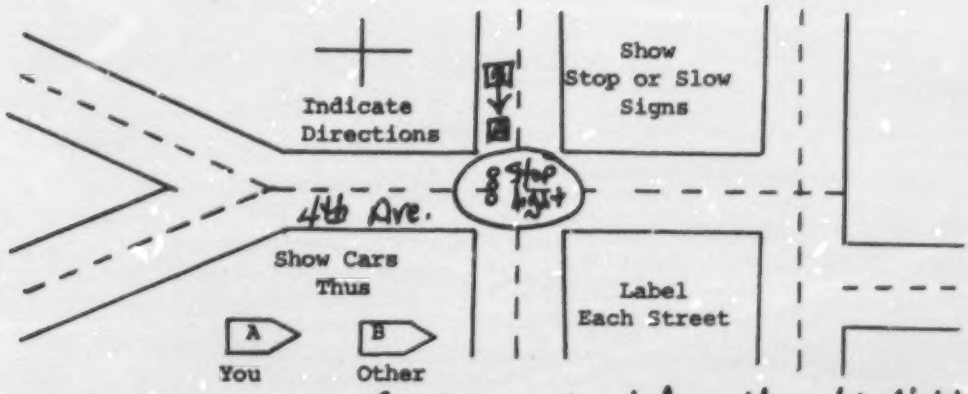
Have Repairs Been Made? __ Yes ✓ No What Part of Other Car Damaged? front end

Were All Your Lights On? ✓ Yes __ No Other Car? ✓ Yes __ No Was Place of Accident Well Lighted? __ Yes __ No

What Statements Were Made by You or Other Party about Accident After It Occurred? none

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened Car in rear must have thought light turned green before it had. I was sitting there waiting for it to change. As I looked in my rear view mirror, the car was in the process of hitting my trailer.

Are You Making Claim for Damages on Account of the Accident? ~Yes __No

If Yes, Against Whom? Jas. Bradley In What Amount? $200.00

I Hereby Declare That The Facts Stated In This Report Are True.

Signed Henry Able Date Nov. 12 19--

Address 1220 Wheeling Way Columbus GA
Street City State

Residence Telephone 324-7693 Business Telephone 568-9442

Occupation Doctor

Witness' Signature Marian Reed

Address 2905 Cusseta Rd.

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No.

Date of Accident _____ 19__ Time _____ A.M. P.M. Dark___ Light___

Place of Accident _____
Street City State

YOUR CAR Year _____ Make _____ Body Style _____ Lic. No. _____

Owned By _____ Address _____
Street City State

Driven By _____ Address _____
Street City State

Driver's Age _____ Was Driver on Any Mission for Owner of Car? Yes__ No__ If Yes, Explain _____

Kind of Insurance Carried-Liab. ___ Med. Pay___ Comp.___ Coll. Amount of Deductible _____

Policy No. _____ Name of Insurance Co. _____ Name of Agent _____

Has Accident Been Reported to Your Company __Yes __No Where May Car Be Seen? _____

Has Any Part of Your Damage Been Paid By Your Company __Yes __No Amount___

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses			Ages
	Street	City	State	
	Street	City	State	
	Street	City	State	

OTHER CAR Make _____ Body Style _____ Lic. No. _____

Owned By _____ Address _____
Street City State

Driven By _____ Address _____
Street City State

THE ACCIDENT Were Police There? __Yes__No From What Station?_____

Officer's Badge No._____(Name, If Known)_____

Names and Addresses of All Other Witnesses:

Names	Addresses
_____	_____
_____	_____

Was Anyone Injured in Your Car? __Yes__No If So, Who?_____

Was Anyone Injured in Other Car?__Yes__No If So, Who?_____

Describe Injuries_____

Name of Attending Dr_____Address_____

Street Name & Direction You Were Traveling_____Speed____

Street Name & Direction Other Car Traveling_____Speed__ __

What Traffic Control Was There?_____

What Were Weather Conditions?_____Condition of Pavement_____

What Attracted Your Attention to Other Car?_____

How Far from Intersection Were You? _____Other Car?_____

Was Speed of Your Car Reduced?____Increased?___Other Car Reduced?_____
Increased?____

Did You See Other Car Prior to Impact?__Yes__No Did You Sound Horn?__Yes__No
Did Other Car?__Yes__No

What Signal Did You Give?_____Other Car?_____

Any Skid Marks Made by Your Car?__Yes__No Length___Other Car?__Yes__No
Length_____

What Part of Your Car Was Damaged?_____

Estimated Cost of Repairs $_____Who Made the Estimate?_____

Have Repairs Been Made? __Yes__No What Part of Other Car Damaged?_____

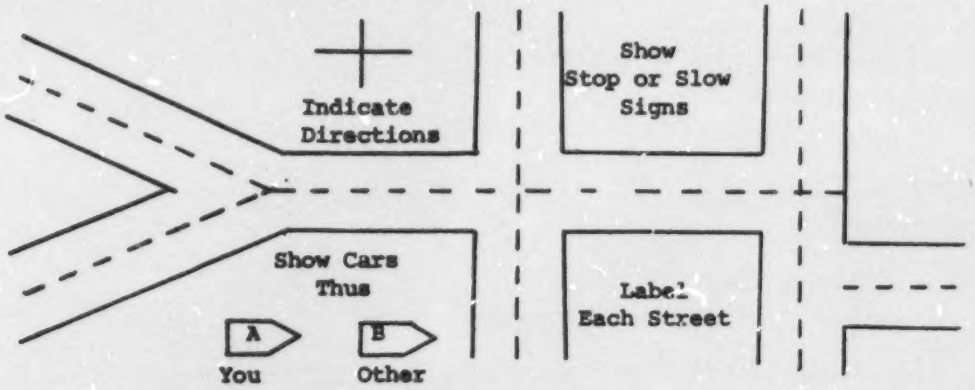
Were All Your Lights On?__Yes__No Other Car?__Yes__No Was Place of Accident Well Lighted?__Yes__No

What Statements Were Made by You or Other Party about Accident After It Occurred?_____

_____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened_____

_____

_____

_____

Are You Making Claim for Damages on Account of the Accident? __Yes __No

If Yes, Against Whom?_____ **In What Amount?**_____

I Hereby Declare That The Facts Stated In This Report Are True.

Signed_____ **Date**_____ **19**____

Address_____
Street City State

Residence Telephone_____ **Business Telephone**_____

Occupation_____

Witness' Signature_____

Address_____

REPORT OF ACCIDENT AND CLAIM

For Office Use Only
Claim No.

Date of Accident_____19__ Time_____A.M. P.M. Dark___ Light___

Place of Accident_____
Street City State

YOUR CAR Year_____Make_____Body Style_____Lic. No._____

Owned By_____Address_____
Street City State

Driven By_____Address_____
Street City State

Driver's Age_____Was Driver on Any Mission for Owner of Car? Yes__No__ If Yes, Explain_____

Kind of Insurance Carried-Liab. ___Med. Pay___Comp.___Coll. Amount of Deductible_____

Policy No._____ Name of Insurance Co._____ Name of Agent_____

Has Accident Been Reported to Your Company __Yes __No Where May Car Be Seen?_____

Has Any Part of Your Damage Been Paid By Your Company __Yes __No Amount___

NAMES AND ADDRESSES OF PASSENGERS IN YOUR CAR AND APPROXIMATE AGES

Names	Addresses			Ages
_____	Street	City	State	
_____	Street	City	State	
_____	Street	City	State	

OTHER CAR Make_____Body Style_____Lic. No._____

Owned By_____Address_____
Street City State

Driven By_____Address_____
Street City State

THE ACCIDENT Were Police There? __Yes__No From What Station?_____

Officer's Badge No._____(Name, If Known)_____

Names and Addresses of All Other Witnesses:

Names	Addresses
_____	_____
_____	_____

Was Anyone Injured in Your Car? __Yes__No If So, Who?_____

Was Anyone Injured in Other Car?__Yes__No If So, Who?_____

Describe Injuries_____

Name of Attending Dr_____Address_____

Street Name & Direction You Were Traveling_____Speed____

Street Name & Direction Other Car Traveling_____Speed____

What Traffic Control Was There?_____

What Were Weather Conditions?_____Condition of Pavement_____

What Attracted Your Attention to Other Car?_____

How Far from Intersection Were You? _____Other Car?_____

Was Speed of Your Car Reduced?____Increased?____Other Car Reduced?_____
Increased?____

Did You See Other Car Prior to Impact?__Yes__No Did You Sound Horn?__Yes__No
Did Other Car?__Yes__No

What Signal Did You Give?_____Other Car?_____

Any Skid Marks Made by Your Car?__Yes__No Length____Other Car?__Yes__No
Length_____

What Part of Your Car Was Damaged?_____

Estimated Cost of Repairs $_____Who Made the Estimate?_____

Have Repairs Been Made? __Yes__No What Part of Other Car Damaged?_____

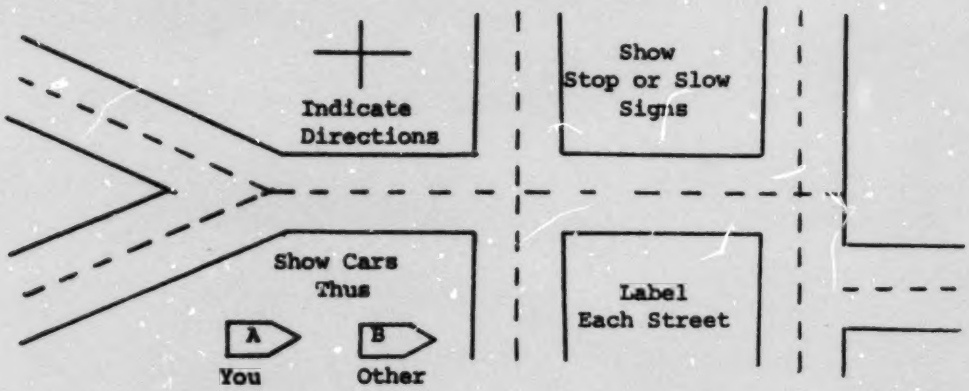
Were All Your Lights On?__Yes__No Other Car?__Yes__No Was Place of Accident Well Lighted?__Yes__No

What Statements Were Made by You or Other Party about Accident After It Occurred?_____

_____

PLEASE COMPLETE DIAGRAM

Illustrate position of cars at time of collision. Show skid marks.



State Briefly How Accident Happened_____

_____

_____

_____

Are You Making Claim for Damages on Account of the Accident? __**Yes** __**No**

If Yes, Against Whom?_____**In What Amount?**_____

I Hereby Declare That The Facts Stated In This Report Are True.

Signed_____**Date**_____**19**____

Address_____
Street City State

Residence Telephone_____**Business Telephone**_____

Occupation_____

Witness' Signature_____

Address_____

Mr. John Thomas
3955 Woodford Drive
Columbus, GA 31907

RE: Policy No. 27-20-79

Dear Mr. Thomas:

Enclosed is your life policy with cancellation of the automatic premium loan provision. This simply means that on the non-payment of the next premium due date the policy will be placed on extended Term Insurance for $12,500.

We think that you will find everything in order; however, if there are any questions, feel free to call me.

Sincerely,

Edgar Simmons, Agent

Enc. Policy

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

Would you mind giving me your date of birth below so that I may furnish you information about our Mortgage Insurance Plan. This plan can make it possible for you to leave your home free and clear to your family if you die.

This protection has helped many homeowners save their homes from foreclosure. You may find our plans most beneficial in protecting your family's future. For more information about this plan, please return this letter in the enclosed envelope.

Sincerely,

Fred Simmons, Agent

NAME_____TELEPHONE_____

OCCUPATION_____

DATE OF BIRTH: Month_____Day_____Year_____

AMOUNT OF MORTGAGE_____YEARS REMAINING_____

I would like to have information on the items checked below:

( ) The plan described in this letter
( ) Individual Retirement Account
( ) Retirement at age 55, 60, or 65
( ) The Keogh Act in which self-employed people can save for retirement and deduct the contribution as a business expense
( ) Insurance on spouse
( ) Group insurance
( ) Educational plan for children
( ) Estate planning
( ) Homeowners insurance
( ) Automobile insurance

Mrs. Pearl Trawick
2714 10th Street
Columbus, GA 31906

Mrs. Mary Payne
5916 Bush Avenue
Columbus, GA 31907

Mr. Frank Morrow
3912 Reese Road
Columbus, GA 31907

Miss Peggy Dyer
4800 Connor Road
Columbus, GA 31903

Mr. Mike Winkler
32 Wichham Drive
Columbus, GA 31907

Mr. Richard Zak
4568 Moline Avenue
Columbus, GA 31903

Thomas Family

100,000 YRT
Male Age 32

Prem.	Dividend	Net prem.	
204.00	- 0 -	294.00	
301.00	25.00	276.00	
310.00	32.00	278.00	
321.00	40.00	281.00	
335.00	57.00	278.00	
352.00	62.00	281.00	
378.00	71.00	278.00	
398.00	87.00	290.00	
427.00	102.00	325.00	
459.00	119.00	340.00	2,636.00
494.00	133.00	361.00	
530.00	145.00	385.00	
571.00	157.00	414.00	
615.00	169.00	446.00	
666.00	183.00	483.00	
720.00	196.00	524.00	
782.00	217.00	565.00	
850.00	237.00	613.00	
924.00	257.00	667.00	
1,007.00	281.00	726.00	7,820.00

Waiver of Premium: $18.00 Ann.
Check O Matic: $26.00 w/W.P.

50,000 YRT
Female Age 30

Prem.	Dividend	Net Prem.	
135.00	- 0 -	133.50	
147.00	11.00	136.50	
150.50	15.00	135.50	
153.00	19.00	134.00	
156.50	27.50	129.00	
161.00	30.00	131.00	
166.50	32.50	134.00	
173.50	35.50	138.00	
182.00	40.00	142.00	
192.50	49.50	143.00	1,356.50
205.00	55.00	150.00	
219.00	62.00	157.00	
235.50	68.50	167.00	
253.00	74.50	178.50	
271.00	80.50	190.50	
291.50	86.50	205.00	
313.50	93.50	220.00	
339.00	100.00	239.00	
366.00	110.50	255.00	
397.00	120.50	276.50	3,396.00

Waiver of Premium: $10.50 Ann.
Check O Matic: $12.89 w/W.P.

Please type a purchase order for the office supplies listed below: (Use the catalog from a local office supply dealer.)

1 carton paper clips
3 boxes staples
1 doz. Scotch tape
1 doz. legal pad (canary)
4 bottles liquid paper, white
1 doz. adding machine tape, 3" wide

Purchase Order No. 428
10% discount

PURCHASE ORDER

ORDER NO.

DATE

TO

TERMS

F.O.B.

SHIP VIA

DATE REQUIRED

QUANTITY	CAT. NO.	DESCRIPTION	UNIT PRICE	TOTAL

Send the following letter to:

Mr. John F. Doye
6438 Old Post Ct.
(City, ST, ZIP)
Policy # 632-17-4580

Reference the renewal of your Personal Articles Floater. The policy has been renewed; however, there were some items left off due to additional information and underwriting requirements. A new appraisal will be needed for the diamond ring and pattern of the Gorham Sterling is also required. For your benefit we also recommend an appraisal or current price list for the silverware in order to keep your silver insured for current value. Also needed are serial numbers for the Canon Auto Zoom 518 and Bell & Howell Super 8 Projector.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

NOTICE OF ADDRESS CHANGE

Policy Number(s)
1103645223

Name (First) Thomas (Middle) L. (Last) Folmar

New Address (Number) 2825 (Street) Beacon Avenue

City Columbus State GA Zip Code 31904

Area Code 404 Phone 563-1221

Are you currently paying premiums by pre-authorized check(P.A.C.)?
✓Yes ___No

If the above question is checked yes, have you changed or do you anticipate changing banks as a result of your move? ✓Yes ___No

NOTICE OF ADDRESS CHANGE

Policy Number(s)
1245301112

Name (First) Bobby (Middle) (Last) Outlaw

New Address (Number) 3 (Street) Cayenne Court

City Columbus State GA Zip Code 31904

Area Code 404 Phone 563-8632

Are you currently paying premiums by pre-authorized check (P.A.C.)?
✓Yes ___No

If the above question is checked yes, have you changed or do you anticipate changing banks as a result of your move? ✓Yes ___No

NOTICE OF ADDRESS CHANGE

Policy Number(s)
10832561 70

Name (First) William (Middle) E. (Last) Speed

New Address (Number) 3829 (Street) Austin Drive

City Columbus State GA Zip Code 31904

Area Code 404 Phone 561-9721

Are you currently paying premiums by pre-authorized check (P.A.C.)?
✓ Yes ___ No

If the above question is checked yes, have you changed or do you anticipate changing banks as a result of your move? ✓ Yes ___ No

NOTICE OF ADDRESS CHANGE

Policy Number (s)
1064573213

Name (First) W (Middle) R (Last) Yancey

New Address (Number) 1509 (Street) Emerson Avenue

City Columbus State GA Zip Code 31907

Area Code 404 Phone 324-1146

Are you currently paying premiums by pre-authorized check (P.A.C.)?
✓ Yes ___ No

If the above question is checked yes, have you changed or do you anticipate changing banks as a result of your move? ✓ Yes ___ No

(Date)

(Client Name)

(Address)

(City, State, ZIP)

Dear (Client) :

Re: (Policy No.)

We received your card regarding the change of address and a change of bank draft information on the above policy.

We are enclosing a pre-authorized bank draft card for you to complete and return, so that we may change our files accordingly. We sent the card to the bank which you have listed in your letter for the draft to be drawn which is the (bank).

Your prompt attention to this matter would be greatly appreciated, so that the information may be applied before the next draft is due.

Sincerely,

Martha Kelly
Policyholder Service

MK:xx

Enclosure

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

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Columbus, Ga 31904

Mr. R. F. McDermott
6100 Hamilton Road
(city, ST, ZIP)
(Policy No. 26-49-234)

NO IP Do you have your <u>correct</u> vehicle location?

A major factor in establishing your premium is vehicle location.

NO IP We need the exact street, city, state and ZIP Code where your vehicle is principally located.

If your vehicle is not located at 6100 Hamilton Rd., Columbus, GA, please notify us immediately.

Your prompt attention to this matter will ensure that the correct premium will be charged on your renewal policy.

Sincerely,

Fred Simmons, Agent

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

Mr. Beman R. Mc Gratha, C.L.U.
368 Franklin Road
White Plains, NY

Dear Mr. Mc Gratha:

Your trip to Columbus is only two weeks away. Our committee is extremely pleased that you are going to be our speaker at the banquet for the Georgia Association of Independent Insurance Agents on (two weeks from today).

The reservations for you and Mrs. Mc Gratha have been made at the Airport Holiday Inn on the Manchester Expressway. I will meet you at the airport to take you there. We have arranged for a car for your use while you stay in Columbus. Perhaps you and your wife will have an opportunity to visit some of the points of interest in the Chattahooche Valley while you are here.

If I do not hear from you again, I will see you next at the Columbus Airport.

Sincerely

Mr. Rudolph L. Farnsworth
Box 43
Richland, GA (check ZIP)

Dear Mr. Farnsworth:

Thank you for agreeing to see me on (one week from today). This letter confirms our appointment for 2 p.m.

You have made a wise decision to consider protection for you and your partner in case of death or injury to either party. So many times this kind of decision is delayed, because we don't like to think of the unpleasant happening. However, the wise businessperson prepares for the future by planning for as many emergencies as possible.

You will receive by mail some information that you might wish to share with your partner, Mr. Avery. I look forward to seeing both of you.

Sincerely,

Dr. Braxton Nail, Superintendent
Muscogee County School District
1200 Bradley Drive
Columbus, GA (look up ZIP)

Dear Mr. Nail:

Congratulations on your selection as Superintendent of the Muscogee County School District and welcome to Columbus! I know that you are a very busy man since you arrived to take over your new duties.

Would you please let me know who will be the contact in the School District to handle insurance matters. I represent a company that has an excellent group liability policy that I am sure would interest your teachers.

I hope that we will have an opportunity to meet personally when things settle down for you.

Sincerely

Memo to Katherine Crosby
From Edgar Simmons
Subject Vacation trip

Dad thinks I should spend two weeks working with you instead of one before you go on your trip. Since that means coming next week, would you please change my reservations at the Downtowner Motel. Be sure to tell them I will be spending the weekends at home, so I will need the room only Monday through Friday each week.

I'm looking forward to working with you.

SIMMONS INSURANCE AGENCY
928 45th Street
Columbus, Ga 31904

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Type the attached as a form letter to send to prospective clients.

(Record in memory or with mag card. If equipment is not available, type a stencil.)

This is a sales letter provided by the International Insurance Company. Use the International letterhead for this letter. Send the letters to the list of prospective clients listed on the attached sheet.

Customers have found buying life insurance by mail or phone convenient. The Simmons Insurance Agency has made it even easier by installing a WATS toll-free phone system (800-555-1234). Life insurance by mail or phone? Does it work? Over $3.2 billion of life insurance in force tells you it does. Last Year alone, we issued more than 12,300 new policies providing over $725 million dollars of life insurance protection.

#Look at what other insurance companies have to offer. Then ask one of our insureds why they selected us. We're sure you, too, will want to look to the leader--International. Call or write for more specific information.

Marcus L. Taylor
40 Standing Bay Court
Columbus, GA 31904

James T. Howard
3721 Springdale Drive
Columbus, GA 31906

Mrs. Doris Bartlett
8233 Coweta Drive
Columbus, GA

Augustus Fabian Wilson
4382 Olympic Lane
Columbus, GA 31907

Mrs. Lois Cox
3916 Wells Drive
Columbus, GA 31906

Mrs. Arabelle Sears
2112 Ousley Avenue
Columbus, GA

Clyde Y. Daton
4238 Calhoun Dr.
Columbus, GA

Clay C. Fishburn
2214 13th Avenue
Columbus, GA 31901

Mrs. Leola Jones
3749 Macon Road
Columbus, GA

Preston C. Lancaster
6191 Dell Drive
Columbus, GA

Edward J. Lowe
5740 Steam Mill Road
Columbus, GA

Ms. Elizabeth Paul
742 Broadway
Columbus, GA 31901

Frank T. Pease
3972 Buena Vista Road
Columbus, GA

Ms. Florence A. Ward
6829 Roswell Lane
Columbus, GA

INTERNATIONAL INSURANCE CO.

Gordy Building Columbus, Ga. 31901

Phone: (404) 555-2369

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Heading

Claim Number:
Insured:
Amount Received:
Balance Due:

We are in receipt of your recent payment, which has been credited to your account. The remaining balance is as shown.

Enclosed is a stamped, self-addressed envelope for you to use in making the next payment, which is due not later than _____. Be sure to show the above claim number on any correspondence or payment.

Very truly yours,

Enclosure: Self-addressed envelope

INSURANCE ANALYSIS

CLIENT: John Smith, Jr.

PRESENT PROGRAM

Today (Age 13)

NET INSURANCE AT RISK	19,303
CASH/DIVIDEND VALUES	533
DEATH BENEFIT	19,836

AT AGE 65

NET INSURANCE AT RISK	10,858
CASH/DIVIDEND VALUES	41,401
DEATH BENEFIT	52,259
PRESENT CASH OUTLAY	670

INSURANCE ANALYSIS

Agent: Edgar Simmons

PROPOSED INSURANCE

Today (Age 13)

PROPOSED INSURANCE	19,095
SAVINGS	1,144
DEATH BENEFIT	20,239

AT AGE 65

PROPOSED INSURANCE	9,338
SAVINGS	405,848
DEATH BENEFIT	415,186
PROPOSED CASH OUTLAY	670

SIMMONS INSURANCE AGENCY
New Client Roster
Columbus, GA
Month of _____
Year _____

Name	Address	ZIP	Type of Insurance	Policy #	Exp. Date
John Taylor	#4 Nemola Ct.	31906	Auto	12-32-80	10/13
Mary Joyce Smith	467 N. Oakley Dr.	31906	Life	24-32-71	12/13
Nathaniel Jones	2102 Tucker Ave.	31907	Hosp.	20-82-71	6/13
Joyce Thompson	3219 Carver St.	31906	Auto	77-73-08	11/13
Louise Pettersen	2939 Tenth St.	31901	Life	16-4-35	8/11
Thomas Hoskins	3040 Baldwin St.	31906	Auto	32-11-87	[redacted]
Phillip T. Brooks	1204 Boxwood Blvd.	31906	Life	62-74-30	4/20
Susan Joan Foster	3035 Moorehouse St.	31906	Hosp.	14-36-87	3/15
Tyrone Davis	609 Pierce Dr.	31907	Life	73-96-50	4/20
Jerome Smith	2207 Tucker Ave.	31907	Hosp.	89-21-56	6/12
Victoria Trewell	3912 Mosley Dr.	31903	Hosp.	78-21-36	9/8
Cynthia Edwards	4961 Bennybrook Ct.	31907	Auto	88-82-01	2/2
Theresa Edmonson	2940 Urban Ave.	31907	Hosp.	44-82-30	1/13
Joyce E. Feggins	4739 Farley Dr.	31907	Hosp.	51-78-50	10/12
Claudine Jones	5600 Hunter Rd.	31907	Auto	72-91-15	1/14
Kathleen Jackson	2811 14th Ave.	31907	Life	68-29-30	3/10
Peggy Jordan	5621 Monmouth Dr.	31907	Life	47-46-21	1/14
Gwendolyn Luttrell	4030 Curry St.	31907	Life	98-25-31	7/15
Lois Obelton	4514 Illini Dr.	31907	Life	53-21-05	4/5
Juanita Marie Harris	1127 16th Ave.	31901	Auto	23-13-07	7/29

5/5

II-14-1

Premium Rates
Annuity Protector

Unit	Annual	Semi-Annual	Quarterly	Monthly	Monthly PAC-PAC
$1200 unit	$1200.00	$624.00	$318.00	$108.00	$101.00
$ 900 unit	$900.00	$468.00	$238.50	$ 81.00	$ 75.75
$ 600	$600.00	$312.00	$159.00	$ 54.00	$ 50.50
$ 300	$300.00	$156.00	$ 79.50	$ 27.00	$ 25.25
$ 150	$150.00	$ 78.00	$ 39.75	$ 13.50	$ 12.63
D.I. Ultimate per thousand $ 1.50		$.78	$.40	$.14	$.13